

Cognitive Trauma Therapy for Battered Women (CTT-BW)

Kubany, E. S., Hill, E. E., & Owens, J. A. (2003)

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<p>Description of intervention</p>	<p>Cognitive trauma therapy for battered women (CTT-BW) is a multicomponent intervention designed specifically for the treatment of PTSD in women with histories of physical and/or sexual abuse. CTT-BW emphasizes the role of inaccurate beliefs, guilt, and shame in maintaining PTSD. To develop CTT-BW, Kubany consulted with advocates and women who had experienced intimate partner violence and built upon existing cognitive-behavioral techniques for treating PTSD such as psychoeducation, stress management training, and discussion of the trauma history as part of therapy. Additional procedures were designed to assess and modify guilt-related beliefs and monitor and reduce negative self-talk. Treatment modules included for survivors included self-advocacy, empowerment, managing unwanted contacts by former abusive partners, communication skills, and skills for identifying risk factors for potential perpetrators. The 8-11 session individual treatment was delivered in 1.5-hour sessions.</p> <p>All baseline assessments were completed at one time point with randomization taking place after completion. The delayed CTT-BW condition started 6-weeks after baseline assessment.</p>
<p>What was the intervention designed to do?</p>	<p>CTT-BW is designed to treat IPV-related PTSD.</p>
<p>Underlying conceptual or theoretical model(s)</p>	<p>CTT-BW is adapted from and contains treatment elements of existing cognitive-behavioral treatments for PTSD. Elements common to CBT include delivering psychoeducation about PTSD, teaching stress-management skills, discussing traumatic events and symptoms, and assigning exposure-based homework assignment. CTT-BW builds upon these elements and includes a specific focus on assessing and addressing guilt-related beliefs, thoughts, and feelings associated with IPV. Self-monitoring and cognitive restructuring are used to address guilt and shame as well as negative self-talk that perpetuates self-blame.</p>
<p>Rationale for developing the intervention</p>	<p>Dr. Edward Kubany (who had previously developed and evaluated similar CBT treatments with Vietnam veterans with PTSD) was interested in PTSD resulting from IPV, particularly in the role that guilt played in the maintenance of trauma-related symptoms. Research and investigation in DV centers and facilities revealed that rates of trauma were very high among women who had experienced violence. It was also found that survivors were attending support groups for DV but were not accessing available therapy</p>

	resources. While support groups were extremely helpful for survivors, they often did not specifically address DV-related trauma. Partnering with Ms. Julie Owens (a survivor and DV advocate) and other advocacy agencies, CTT-BW was subsequently developed as a treatment that could be delivered by non-clinicians with a focus on guilt-related cognitions and DV-related trauma.
How did you involve survivors and/or advocates in the development of the intervention?	The intervention was developed through a coordinated effort between researchers, survivors, and advocates. Though guilt was major feature of the intervention, Kubany’s previous work with veterans informed CTT-BW. Safety and empowerment were major elements that were included in the intervention as it was important for women to learn skills for building and maintaining future healthy relationships, Successfully navigating interactions with their former abusive partner (if unavoidable), as well as being able to recognize the signs of DV in new relationships
Who is the intervention designed to help?	IPV survivors referred by victim service agencies
What are the eligibility criteria for the intervention study?	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> • Being out of an abusive relationship for at least 30 days with no intention of reconciling with the abusive partner • No instance of abuse or stalking for at least 30 days • Met diagnostic criteria for partner-abuse-related PTSD • Had a score of moderate abuse-related guilt on Global Guilt Scale of the Trauma-Related Guilt Inventory • No symptoms of psychosis or drug/alcohol abuse
Rationale for specific inclusion/exclusion criteria	The intervention required that women be out of abusive relationships for at least 30-days to account for PTSD symptom criteria as symptoms would not be characterized as ‘posttraumatic’ by any ongoing abuse or that may have happened in the past month.
Study Design	<p>Kubany et al. (2003)</p> <ul style="list-style-type: none"> • Randomized, controlled clinical trial comparing immediate CTT-BW to delayed CTT-BW • Assessments were at baseline, post-therapy, and 3-months post therapy • Women in delayed condition also had a second pre-therapy assessment at 6-week post baseline assessment <p>Kubany et al. (2004)</p> <ul style="list-style-type: none"> • Randomized, controlled clinical trial comparing immediate CTT-BW to delayed CTT-BW

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Outcome variables and Measures	<ul style="list-style-type: none"> • PTSD (Clinician Administered PTSD Scale, CAPS; Distressing Event Questionnaire, DEQ) • Depression (Beck Depression Inventory, BDI) • Self-esteem (Rosenberg Self-Esteem Scale, RSES) • Guilt and shame (Trauma-Related Guilt Inventory, TGRI; Sources of Trauma-Related Guilt Survey Partner Abuse Version, STRGS-PA; Personal Feelings Questionnaire, PFQ) • Satisfaction (Client Satisfaction Questionnaire, CSQ-8) • Traumatic events (Traumatic Life Events Questionnaire, TLEQ)
Level of scientific rigor	<p>Randomized Controlled Trial: Yes Appropriate outcome measures: Yes Active Control Group: Yes Effect size: Large - Mean effect size for major outcome measures was 1.7</p>
What adaptations were made specifically for IPV survivors?	<ul style="list-style-type: none"> • Modules for self-advocacy, assertiveness, how to identify perpetrators • Agencies that referred women would sign releases with statements around concern for women’s safety; when they were referred it would be a comment about “please look out for this person’s circumstances” • Location of the original studies (Hawaii) was always a concern; as victims and abusers were on the same island, safety was a major concern as “escaping the situation” was not always physically possible • Open communication between advocates and victims (to the level determined by the survivor) around her safety considerations
Considerations and/or adaptations related to culture and identity	<ul style="list-style-type: none"> • Though majority of sample was White there were women of races in the sample (given the diverse make up of Hawaii’s population) <ul style="list-style-type: none"> ○ No formal considerations were written in to the treatment manual originally though personal experience by advocate living on the island contributed to successful interactions with participants belonging to different racial/ethnic groups • The content and structure of the treatment was consistent as required by the manual, but individual styles of communication might vary based on patient background <ul style="list-style-type: none"> ○ For example, nuances of speech and interactions could vary

	<p>participant to participant but was related to the general skill of clinician/advocate/therapist and their experience with working with individuals of different backgrounds</p>
<p>Considerations and/or adaptations related to experiencing multiple types of trauma (individual and collective)</p>	<ul style="list-style-type: none"> • Most women in the study were survivors of multiple forms of trauma (e.g. sexual assault) or had multiple instances of abuse • Though DV was the primary focus for cause of PTSD, it was also important to examine and acknowledge symptoms resulting from other experiences of trauma <ul style="list-style-type: none"> ○ However, trauma related to DV was processed first in treatment
<p>What is the mode of delivery?</p>	<p>Individual treatment</p>
<p>What were the key findings?</p>	<p>Kubany et al. (2003)</p> <ul style="list-style-type: none"> • A mean of 8.5 sessions were completed by women in the immediate CTT-BW group • Significant reduction in PTSD symptomatology between baseline and post-treatment assessments ($p < .05$) • 94% of participants in immediate condition experienced a significant reduction in depression symptomatology • High satisfaction scores recorded for women in immediate condition • Similar results were recorded for women in the delayed condition and were maintained at 3-month follow up for both conditions <p>Kubany et al. (2004)</p> <ul style="list-style-type: none"> • Overall, 80% of women completed treatment • 91% of women in immediate condition no longer met diagnostic criteria for PTSD at post-therapy • 83% of participants in immediate condition obtained scores in normal range on BDI • Similar results were recorded for women in the delayed condition and were maintained at 3- and 6-month follow up for both conditions • High satisfaction scores recorded for women in both conditions
<p>Author's reflection on study results/ findings</p>	<p>According to Ms. Owens, CTT-BW is survivor driven; the therapist/advocate coaches the participant through various intellectual exercises and educational components so that they reach their own conclusion about their role in their experience. It was important that survivors understood that their choices were the product of their situation and any lingering guilt they may have around their experience could be alleviated. Participants were encouraged to find their "stuck points" and move away from any thoughts or feelings that made them feel responsible for their abuse or feel that made their abuse justifiable.</p>

	<p>CTT-BW is a unique and significant approach for the following reasons:</p> <ul style="list-style-type: none"> • Does not require a clinician for delivery • Survivors in treatment are also in part, their own therapists • The treatment can be generalized to help address other trauma • Treatment length is short (1 month-6 weeks)
<p>Implementation challenges and strategies for addressing those challenges</p>	<p>Implementation of this treatment is complex. As the role of guilt is at the heart and soul of this treatment, a lot of work must go into understanding and implementing those sections of the intervention to demonstrate to survivors that their abuse was not their fault. A technique that was very successful involved working backwards through the development of their guilt until survivors reached their own conclusion that they were not at fault for their abuse and they should not feel shame about their situations. Another popular exercise for this demonstration was a “percentage of responsibility” task in which women were asked to assign percentages to statements around why their abuse occurred. For example, women were asked the role that law enforcement played in the continuation of their abuse, particularly if they had reported the abuse in the past and no action was taken.</p>
<p>What, if any, professional qualifications are required to deliver the intervention?</p>	<ul style="list-style-type: none"> • All therapists in 2003/2004 study had graduate degrees and experience in the field of domestic violence as counselors or educators <ul style="list-style-type: none"> ○ However, it is not required to have a graduate degree or degree in psychology to be trained in and to deliver the intervention ○ All must complete workshops/trainings on DV and working with DV survivors • Preference for therapists/facilitators to have experience within the field of DV (either as an educator; advocate; coach; survivor of DV)
<p>What intervention-specific training is required to use this model?</p>	<ul style="list-style-type: none"> • Therapists were provided intensive training and close supervision in conducting CTT-BW <ul style="list-style-type: none"> ○ Included (a) attending a workshop on CTT-BW, (b) reading the procedural manual, (c) listening to numerous audiotapes of CTT-BW sessions, (d) viewing several hours of Dr. Kubany conducting CTT-BW by means of closed circuit television, (e) modeling and role-playing practice of CTT-BW procedures, and (f) conducting CTT-BW with two clients as a co-therapist with Dr. Kubany • Manual for CTT-BW used and followed throughout intervention <ul style="list-style-type: none"> ○ Each client was also provided manual with all handouts, exercises, and examples included • All sessions were audiotaped

	<ul style="list-style-type: none"> ○ Clients were also provided with copy of audio-recording for homework purposes
In what settings has the intervention been delivered?	<ul style="list-style-type: none"> ● Study sessions were completed in offices of National Center for PTSD of Honolulu (in professional therapy setting) ● Different aspects of treatment can be implemented in different settings (such as advocate/crisis groups, hospitals, and DV agencies)
Ongoing research regarding this intervention	<ul style="list-style-type: none"> ● CTT-BW has not been implemented widely after its original implementation ● Ms. Owens (along with other study authors) has incorporated parts/concepts of the treatment into trainings and workshops (such as the discussion around hindsight bias and understanding guilt associated with DV)
Author's recommendations and reflections	<p>It is of vital importance to work hand-in-hand work with DV-agencies (crisis shelters; transitional shelters; prosecutors office; support groups run by DV organizations) in order to create successful partnerships between DV advocates and researchers and to ensure that the treatment process remains helpful and empowering. In addition, CTT-BW is more successful if treatment begins with psychoeducation and discussions about mindfulness and stress management before opening discussions of trauma experiences and symptoms associated with that trauma.</p>
Citations – article of intervention	<p>Kubany, E. S., Hill, E. E., & Owens, J. A. (2003). Cognitive trauma therapy for battered women with PTSD: preliminary findings. <i>Journal of Traumatic Stress, 16</i>(1), 81-91. DOI: 10.1023/A:1022019629803</p> <p>Kubany, E. S., Hill, E. E., Owens, J. A., Iannce-Spencer, C., McCaig, M. A., Tremayne, K. J., et al. (2004). Cognitive trauma therapy for battered women with PTSD (CTT-BW). <i>Journal of Consulting & Clinical Psychology, 72</i>(1), 3-18. DOI: 10.1037/0022-006X.72.1.3</p>
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